

Clin-eguide™
The single source for clinical decision support.

Release Notes
version 2.3.5



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Clin-eguide Release Overview

Clin-eguide is an online clinical decision support tool that provides the most accurate evidence-based information for health care providers in the clinical setting. In this powerful clinical tool, we have blended the effectiveness of a vast amount of relevant, fully integrated, evidence-based information resources – from diagnostic and treatment guidelines to drug descriptions to natural product reviews. Content has been chosen by and for health care practitioners. With several search options available, Clin-eguide has an interface through which any of your site's health care professionals can quickly and easily gain the results they need.

These new features are available in this release:

New! [Email A Friend](#)

New! [Customized Tabs on Top Banner](#)

New! [SNOMED CT](#)

New! Email A Friend

So you can direct colleagues, who also are Clin-eguide subscribers, to specific Clin-eguide content, an Email link is now displayed with some core Clin-eguide content.

The link is available from the Nursing Advisor, a McKesson patient handout, a chapter from the 5-Minute Clinical Suite, a MEDLINE abstract, and a Clin-eguide Evidence-based Guideline.

The screenshot shows the Clin-eguide website interface. At the top, there is a navigation bar with the Clin-eguide logo and links for Clinical Search, Evidence-based Guidelines, Drug Information, Nursing Advisor, and Patient Handouts. Below this is a search bar with a dropdown menu set to 'Nursing Advisor' and 'All Nursing Content'. The main content area is titled 'Diagnostic Tests: Potassium Level, Serum' and includes sections for Overview, Description, Purpose, Preparation, and Teaching Points. On the right side, there is a sidebar with 'Related Information' including Drugs, Signs And Symptoms, Images, and Nursing Care Plans. The 'Email' link in the top right corner is circled in red.

Potassium Level, Serum

- Overview
 - Description
 - Purpose
 - Preparation
- Diagnostic Procedure
 - Key Steps
 - Postprocedure Care
 - Precautions
 - Complications
- Interpretation
 - Normal Results
 - Abnormal Results

Diagnostic Tests: Potassium Level, Serum

Overview

Description

- Measures serum levels of potassium (major intracellular cation that helps maintain cellular osmotic equilibrium; regulates activity, enzyme activity, and acid-base balance; and influences renal function)
- Potassium deficiency common, developing rapidly (kidneys excrete nearly all ingested potassium, even when body's depleted)
- Levels affected by variations in secretions of adrenal steroid hormones and by fluctuations in pH, serum glucose levels, and sodium levels
- Reciprocal relationship between potassium and sodium, substantial intake of one element causing corresponding depletion of the other
- Dietary potassium intake of at least 40 mEq/day essential, with average diet usually including 60 to 100 mEq of potassium daily. *Dietary sources of potassium; also see Treating potassium imbalance, page 386*

Purpose

- To evaluate clinical signs of potassium excess (hyperkalemia) or potassium depletion (hypokalemia)
- To monitor renal function, acid-base balance, and glucose metabolism
- To evaluate neuromuscular and endocrine disorders
- To detect the origin of arrhythmias

Preparation

- Notify the laboratory and practitioner of medications the patient is taking that may affect test results; they may be affected
- No dietary restrictions are required.
- The test requires a blood sample.

Teaching Points

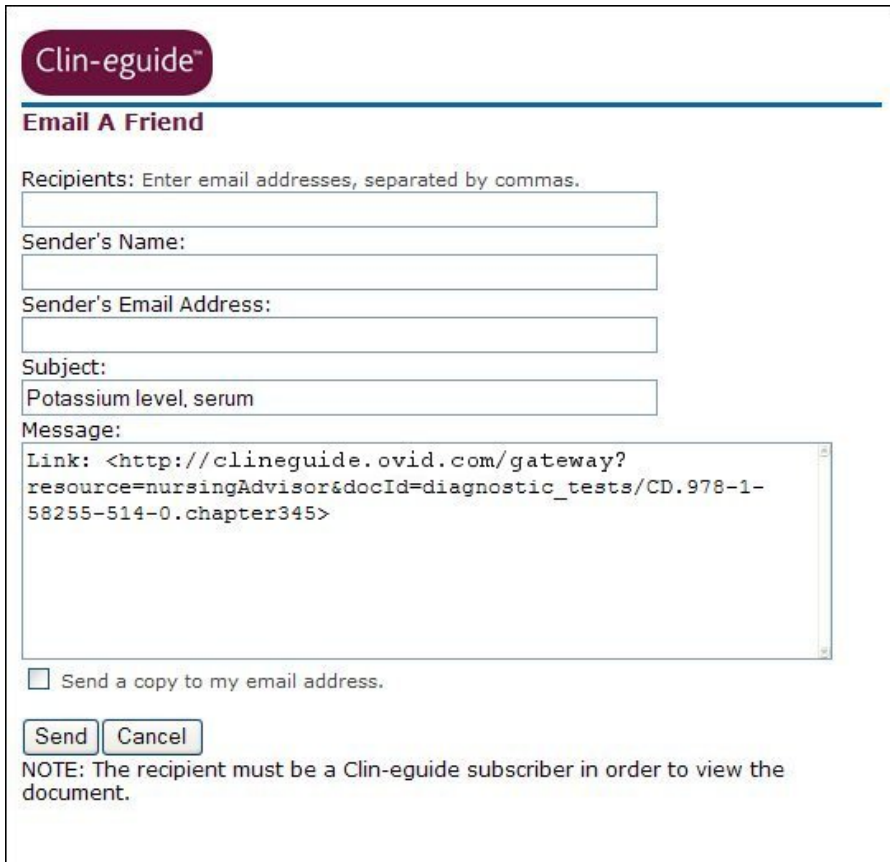
- Explain that the serum potassium test determines the potassium content of blood.
- Explain who will perform the test and where it'll be done.
- Inform the patient that he doesn't need to restrict his diet.
- Tell the patient that the test requires a blood sample and that he may experience slight discomfort from the tourniquet.
- Tell the patient that the test takes less than 5 minutes.

Dietary Sources Of Potassium

A healthy person needs to consume at least 40 mEq of potassium daily. The chart here highlights foods and beverages and the amount of potassium each contains.

FOODS AND BEVERAGES	SERVING SIZE	AMOUNT OF POTASSIUM
Meats		

When you click the link, a form for sending the email is displayed in a new browser window.



Clin-eguide™

Email A Friend

Recipients: Enter email addresses, separated by commas.

Sender's Name:

Sender's Email Address:

Subject:
Potassium level, serum

Message:
Link: <http://clineguide.ovid.com/gateway?resource=nursingAdvisor&docId=diagnostic_tests/CD.978-1-58255-514-0.chapter345>

Send a copy to my email address.

NOTE: The recipient must be a Clin-eguide subscriber in order to view the document.

Fill in the recipient's email address. You can enter multiple addresses separated by commas.

Fill in your name and email address.

The Subject field is pre-populated with the title of the Clin-eguide content, and the Message field is pre-populated with the URL to that content.

NOTE: The message that your colleague receives initially contains only the URL in the Message field. You can explain what you are sending and add any other information you think appropriate.

If you want to receive a copy of the email, click the Send a copy to my email address box.

Click Send to send the message.

When your colleague receives the message and clicks the URL, Clin-eguide opens, authenticates them, and displays the content.

New! Customized Tabs on Top Banner

Clin-eguide provides a set of tabs that are links to its resources.

Welcome: General Hospital | CME Login | MyPDA | Your Journals@Ovid | Ovid5P | Help | Contact Us | Logoff

Clin-eguide Clinical Search | Evidence-based Guidelines | Drug Information | Nursing Advisor | Patient Handouts

Enter search term... Search

Select Resources: Select All | Deselect All

- Clin-eguide Evidence-Based Guidelines
- 5-Minute Clinical Suite
- Books@Ovid
- EBMR Articles
- Facts & Comparisons Drug Information
- VisualDx
- MEDLINE 1980-present
- National Guidelines
- Web Content

External Links:

- Isabel Diagnosis Reminder System

Tools

DDX | ICD9-CM | Calculators

DDx - Enter Signs & Symptoms separated by commas (searches 5-Minute Clinical Suite):

Search

Or View Signs & Symptoms Algorithms

Interactions | Identifier | IV Comp

Drug Interaction Checker - Enter drugs, foods and herbals separated by commas:

Search

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INTEGRATING HEALTH CARE'S MOST TRUSTED BRANDS

Now, you can customize both the contents and the order of the resource tabs that appear in the top banner, including:

- Clinical Search
- Evidence-based Guidelines
- Drug Information
- Nursing Advisor
- Patient Handouts
- VisualDx
- National Guidelines

Detailed information about configuring the resource tabs is available from technical support.

New! SNOMED CT

SNOMED CT is a rich biomedical terminology that includes more than 311,000 active concepts. The addition of these concepts to the searchable Natural Language Processing (NLP) database greatly enhances Clin-eguide's phrase detection and synonym expansion capabilities.

For example, the phrase "Reinke's edema" would not have been detected by a search in previous releases of Clin-eguide. Now, when you search on "Reinke's edema"...

The screenshot shows the Clin-eguide search interface. At the top, there is a navigation bar with links for Clinical Search, Evidence-based Guidelines, Drug Information, Nursing Advisor, and Patient Handouts. A search bar contains the text "Reinke's edema" and a "Search" button. To the left of the search bar, there are sections for "Select Resources" (with checkboxes for various content types) and "External Links" (including Isabel Diagnosis Reminder System). To the right, there are "Tools" sections for "DDX" (Differential Diagnosis) and "Drug Interaction Checker". The DDX tool has a sub-section for "ICD9-CM" and "Calculators". The Drug Interaction Checker has a sub-section for "Identifiers" and "IV Comp". At the bottom, there is a copyright notice for 2009 Wolters Kluwer Health and logos for Wolters Kluwer, Facts & Comparisons, Ovid, and Lippincott Williams & Wilkins.

the phrase is detected, and the search results displayed.

The screenshot shows the Clin-eguide search results page for "Reinke's edema". The search bar shows "Selected Resources" and "Reinke's edema" with a "Search" button and a "Term Expansion" dropdown. The results are displayed in a list format. The first result is from "Clin-eguide EBM Guidelines" with 0 results. The second result is from "Books@Ovid" with 21 results. The third result is from "EBMR Articles" with 5 results. The fourth result is from "MEDLINE" with 75 results. A tooltip is visible over the "Close Info Window" link, showing the expanded search terms: "reinkes edema", "reinkes oedema".

Although the database in previous Clin-eguide releases included the phrase “reifenstein syndrome”, it did not include synonyms for it. Now, with the addition of SNOMED CT content, the search includes synonyms such as “Gilbert-Dreyfuss syndrome”, “Lubs syndrome”, and “Rosewater syndrome.”

The screenshot shows the Clin-eguide interface. At the top, there is a navigation bar with 'Clin-eguide' and 'Welcome: General Hospital | CME Login | MyPOA | Your Journals@Ovid | OvidSP | Help | Contact Us | Logoff'. Below this is a search bar with 'Selected Resources' and 'reifeinstein syndrome' entered. A 'Search' button and 'Term Expansion' link are visible. The search results are categorized into 'Clinical Search Results', 'Books@Ovid', and 'MEDLINE'. A 'Term Expansion' window is open, displaying a list of synonyms: 'reifeinstein syndrome', 'reifeinsteins syndrome', 'gilbert dreyfuss syndrome', 'lubs syndrome', and 'rosewater syndrome'. The window has a 'Close Info Window' button.

Expanding the displayed results shows additional synonym detections.

This screenshot shows the Clin-eguide interface with the search results expanded. The search bar still contains 'reifeinstein syndrome'. The 'Books@Ovid' section is expanded to show 'Viewing 1-20 of 68 Results'. The results list includes several items, each with a 'Relevant Passage' section. A 'Term Expansion' window is open, showing the same list of synonyms as in the previous screenshot. The expanded results show that the synonyms are detected within the text of the search results, such as in the 'Relevant Passage' sections of the books and articles.

Clin-eguide Guideline Updates

These Clin-eguide Evidence-based Medicine guidelines have been updated for this release.

Acute Coronary Syndrome, Suspected

Methamphetamines carry the same cardiac risk as cocaine. [REF: Anderson JL, et al; ACC/AHA 2007 guidelines for the management of patients with unstable angina/non-ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Journal of American College of Cardiology 2007 Aug 14;50(7):e1-e157.]

Acute Mesenteric Ischemia

Incorporated new ACC/AHA 2005 Practice Guidelines for the Management of Patients With Peripheral Arterial Disease.

Added Biphasic computed tomography with mesenteric CT angiography for diagnosis of acute mesenteric ischemia from guideline review [REF: Canadian Association of General Surgeons and American College of Surgeons Evidence Based Reviews in Surgery. 15. Can J Surg 2005;48(6):491-493.]

Alcoholic Liver Disease

There is no significant beneficial effect of propylthiouracil on all-cause mortality, liver-related mortality, liver complications, and liver histology in patients with alcoholic liver disease. [REF: Rambaldi A, Gluud C. Propylthiouracil for alcoholic liver disease. Cochrane Database of Systematic Reviews 2008;4.]

Bacteremia and Sepsis

The Surviving Sepsis Campaign guidelines provide the major backbone to this update. [REF: Dellinger et al. Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2008. Critical Care Medicine 2008;36:296-327.]

Community-acquired Pneumonia

Influenza immunization is now recommended for all children aged 6 months through 18 years to reduce the risk of complications such as pneumonia. [REF: Fiore AE, Shay DK, Broder K, et al, Advisory Committee on Immunization Practices (ACIP). Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). Morbidity and Mortality Weekly Report. Recommendations and Reports. 2008;57(RR-07):1-60]

Cushing's Syndrome

Obtain a thorough drug history to exclude exogenous glucocorticoid exposure leading to iatrogenic Cushing's syndrome before conducting biochemical testing.

Perform one or more late-night salivary cortisol, 24-hour urine free cortisol, or an overnight low-dose (1 mg) dexamethasone suppression test. [REF: The Endocrine Society. The diagnosis of Cushing's syndrome: an endocrine society clinical practice guideline. The Journal of Clinical Endocrinology & Metabolism 2008;93:1526-40.]

Dysmenorrhea, Approach

Certain dietary supplements, topical heat, acupuncture and behavioral interventions are safe and may be effective. [REF: Iorno V, et al. Acupuncture treatment of dysmenorrhea resistant to conventional medical treatment. Evidence-based Complementary and Alternative Medicine 2008; 5(2):227-230]

Endocarditis, Infective

ACC/AHA 2008 Guideline update on valvular heart disease: focused update on infective endocarditis significantly changes recommendations for endocarditis prophylaxis. [Ref: Nishimura RA, Carabello BA, Faxon DP, et al. ACC/AHA 2008 Guideline update on valvular heart disease: focused update on infective endocarditis: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines endorsed by the Society of Cardiovascular Anesthesiologists, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. *Journal of the American College of Cardiology* 2008;52(8):676-85]

Gout

General update incorporating EULAR and British guidelines for the diagnosis and management of gout to allow earlier and more accurate diagnosis and optimum treatment. No new American guidelines are available. [REF: Zhang W, Doherty M, Pascual E, et al, EULAR Standing Committee for International Clinical Studies Including Therapeutics. EULAR evidence based recommendations for gout. Part I: Diagnosis. Report of a task force of the Standing Committee for International Clinical Studies Including Therapeutics (ESCISIT). *Annals of the Rheumatic Diseases* 2006;65(10):1301-11. Zhang W, Doherty M, Bardin T, et al, EULAR Standing Committee for International Clinical Studies Including Therapeutics. EULAR evidence based recommendations for gout. Part II: Management. Report of a task force of the EULAR Standing Committee for International Clinical Studies Including Therapeutics (ESCISIT). *Annals of the Rheumatic Diseases* 2006;65(10):1312-24. Jordan KM, Cameron JS, Snaith M, et al, British Society for Rheumatology and British Health Professionals in Rheumatology Standards, Guidelines and Audit Working Group (SGAWG). British Society for Rheumatology and British Health Professionals in Rheumatology guideline for the management of gout. *Rheumatology* 2007;46(8):1372-4.]

Malaria

A rapid malarial test is now available in the United States and can be used when microscopy is unavailable or delayed. This test should not replace microscopy for confirmation and identification of species. [REF: *CDC Morbidity and Mortality Weekly; Notice to Readers: Malaria rapid diagnostic test. JAMA, 2007;298(12):1394.*]

Necrotizing Fasciitis

The 3 most significant independent risk factors for mortality in necrotizing fasciitis are streptococcal toxic shock syndrome (OR 10.54, 95% CI=2.80-39.44), immunocompromise (OR 3.97; 95% CI=1.04-15.19), and advanced age (OR 1.04, 95% CI=1.01-1.10). [REF: Golger A, Ching S, Goldsmith CH et al. Mortality in patients with necrotizing fasciitis. *Plastic and reconstructive surgery.* 2007, 119(6):1803-7]

The following antimicrobial therapies for necrotizing fasciitis in conjunction with surgical intervention remain the major therapeutic modality:

- For polymicrobial community-acquired infections the best choice is a combination of ampicillin-sulbactam plus clindamycin plus ciprofloxacin.
- For necrotizing fasciitis and/or streptococcal toxic shock syndrome caused by group A streptococci, both clindamycin and penicillin should be used. [REF: The Infectious Disease Society of America (IDSA) in their 2005 Practice Guideline for the Diagnosis and Management of Skin and Soft-Tissue Infections.]

Obsessive-compulsive Disorder

Despite conflicting evidence regarding the superior efficacy of clomipramine versus SSRIs, SSRIs are now considered the preferred first-line treatment for obsessive-compulsive disorder after weighing the tolerability and safety profile of SSRIs over clomipramine. [REF: American Psychiatric Association. Practice Guideline for the treatment of patients with obsessive-compulsive disorder. *American Journal of Psychiatry* 2007; 164 (7 Suppl): 5-53.]

Osteomyelitis

Fluorodeoxyglucose positron emission tomography (FDG PET) has the highest diagnostic accuracy for confirming or excluding the diagnosis of chronic osteomyelitis per recent systematic review & meta-analysis. [REF: Termaat MF, Raijmakers PG, Scholten HJ, Bakker FC, Patka P, Haarman HJ. The accuracy of diagnostic imaging for the assessment of chronic osteomyelitis: a systematic review and meta-analysis. *Journal of Bone & Joint Surgery - American Volume*. 87(11):2464-71, 2005 Nov.]

Renal Calculi

Incorporated new topics from the European Association of Urology. [REF: Tiselius HG, Alken P, Buck C, et al. Guidelines on urolithiasis. Arnhem, The Netherlands: European Association of Urology (EAU), 2008:1-128.]

The American Urological Association and the European Association of Urology state that alpha-blockers (rather than the combination of nifedipine and corticosteroids) are the preferred agent to facilitate stone or stone fragment expulsion.

- Patients with a single renal stone (5-20mm) undergoing extracorporeal shock wave lithotripsy (ESWL) every 3 weeks until success or a maximum of 3 months demonstrated that treatment with tamsulosin facilitates the earlier clearance of stone fragments and decreases the number of ESWL sessions and pain severity. (Naja V, Agarwal MM, Mandal AK, et al. Tamsulosin facilitates earlier clearance of stone fragments and reduces pain after shockwave lithotripsy for renal calculi: results from an open-label randomized study. [REF: Urology 2008;72(5):1006-11.]

Septic Arthritis

General update in response to British guidelines, no new American guidelines released. General diagnosis and management unchanged apart from new antibiotics being incorporated into regimen. Since MRSA infections have always been prevalent in septic arthritis, spectrum coverage has not changed much although acknowledgement of increasing prevalence of community-acquired MRSA infections is made. [REF: Coakley G, Mathews C, Field M, et al, British Society for Rheumatology Standards, Guidelines and Audit Working Group. BSR & BHPR, BOA, RCGP and BSAC guidelines for management of the hot swollen joint in adults. *Rheumatology* 2006;45(8):1039-4.]

Subarachnoid Hemorrhage

The most significant article included in this update is a Cochrane review of calcium antagonists in subarachnoid hemorrhage. The update did not alter current treatment recommendations. [REF: Dorhout Mees et al, *Cochrane Database of Systematic Reviews* 2007;3.]

Transient Ischemic Attack

Three trials investigating carotid artery angioplasty and stenting (CAS) have reported 2-4 year follow-up data. The SPACE trial found no significant difference in the rate of recurrent ipsilateral stroke at 2 years between CAS and carotid endarterectomy (CEA), although the rate of restenosis was significantly higher in the CAS group. After 3 years of follow-up in the SAPHIRE trial there was no significant difference between CAS and CEA for the composite outcome of death, stroke, or myocardial infarction within 30 days of procedure or death or ipsilateral stroke between 31-1080 days. Four-year data from the EVA-3S trial also analyzed a composite outcome of periprocedural death or stroke (within 30 days of procedure) and nonperiprocedural death or stroke up to 4 years after procedure and found a significantly higher risk with CAS, but this was largely accounted for by an increase in periprocedural risk with CAS and the risk of stroke was similar after the procedural period. Thus further data is needed to elucidate the role of CAS in carotid stenosis and additional trials are underway. [REF: Eckstein HH, Ringleb P, Allenberg JR, et al. *Lancet Neurology* 2008;7(10):893-902; Gurm HS, Yadav JS, Fayad P, et al, SAPHIRE Investigators. *New England Journal of Medicine* 2008;358(15):1572-9; Mas JL, Trinquart L, Leys D, et al, EVA-3S investigators. *Lancet Neurology* 2008;7(10):885-92.]

Unstable Angina/NSTEMI

Pay for Performance has received national attention. CMS and others seem poised to implement such measures. Acute Myocardial Infarction is among these diagnoses. This module has been updated to reflect these guidelines. [REF: Peterson ED, Roe MT, Mulgund J, et al. Association between hospital process performance and outcomes among patients with acute coronary syndromes. JAMA 2006; 295(16):1912-20D.]

Ventricular Tachycardia

ICDs should be offered to patients with clinical profiles as similar to those that were included in the MADIT1 and SCD-HeFT trials. [REF: Epstein AE, DiMarco JP, Ellenbogen KA, et al. ACC/AHA/HRS 2008 guidelines for device-based therapy of cardiac rhythm abnormalities: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing committee to revise the ACC/AHA/NASPE 2002 guideline update for implantation of cardiac pacemakers and antiarrhythmia devices). Circulation May 2008;117(21):e350-e408]

Wolff-Parkinsons-White Syndrome

Patients presenting with WPWS particularly those with syncope due to rapid heart rate or short bypass tract refractory period should consider catheter ablation. [REF: Fuster V, Ryden LE, Cannom DS, et al, American College of Cardiology/American Heart Association Task Force on Practice Guidelines, European Society of Cardiology Committee for Practice Guidelines, European Heart Rhythm Association, Heart Rhythm Society. ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients with Atrial Fibrillation): developed in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society. Circulation 2006;114(7):e257-354]

For More Information

For more information about Clin-eguide,
go to www.clineguide.com or call 1-800-388-8884, option 2.